

၁၀၀၇



COPY

Fax Sender at 2155405818

4/6/2005 1:30:55 PM [Eastern Daylight Time]

2 (including cover page)

Received
Cover
Page

=====

COPY

RECEIVED
FEDERAL BUREAU OF INVESTIGATION

APR 14 2005

GNVPN.030AUSA
Customer No: 00270

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/665,852 Confirmation No.: 6419
Applicant : Gao, et al.
Filed : September 20, 2000
Art Unit : 1636
Examiner : Marvich, Maria
Customer No. : 00270
Title : COMPOSITIONS AND METHODS FOR HELPER-FREE
PRODUCTION OF RECOMBINANT ADENO-ASSOCIATED
VIRUSES
Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

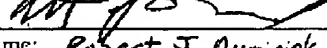
LETTER

Sir:

On April 6, 2005, Applicants filed a properly executed Change of Correspondence Address form PTO/SB/122 via facsimile in the above-captioned application (09/665,852) in order to change the correspondence address to the address associated with Customer Number 00270. Applicants have detected that this Change of Correspondence Address was entered by USPTO error in Application No. 09/865,852.

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8

I certify that this paper is being facsimile transmitted on the date shown below to the Commissioner for Patents, the United States Patent and Trademark Office.

Signed: 
Printed Name: Robert J. Dumisile
Dated: 4-14-05

Appl. No. 09/665,852
Letter Dated: April 14, 2005


Applicants file herewith copies of the Transmittal and Change of Correspondence Address form filed on April 6, 2005, and the Auto-Reply Facsimile Facsimile Transmission received on the same date. Applicants also enclose a newly-executed Change of Correspondence Address form with the Application Number hand-printed in a larger font than that available in fillable form PTO/SB/122.

Applicants respectfully request that Application No. 09/665,852 be associated with Customer Number 00270 and that Application No. 09/865,852 be re-associated with its former Customer Number/correspondence address.

The Director is hereby authorized to charge any deficiency or credit any overpayment in any fee due with this paper to our deposit account number 08-3040.

Respectfully submitted,

HOWSON AND HOWSON
Attorneys for Applicants

By 
Cathy A. Rodroff
Registration No. 33,980
Spring House Corporate Center
Box 457
Spring House, PA 19477
(215) 540-9200

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

09/665,852

Filing Date

September 20, 2000

First Named Inventor

Geo. Guangping

Art Unit

1636

Examiner Name

Marvich, Maria

Attorney Docket Number

GNVFN.030AUSA

COPY

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Change of Correspondence Address to Customer No. 00270	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	HOWSON AND HOWSON		
Signature	<i>Cathy A. Kodroff</i>		
Printed name	Cathy A. Kodroff		
Date	April 6, 2005	Reg. No.	33,980

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Lynn Brown-Fischer</i>		
Typed or printed name	Lynn Brown-Fischer	Date	4-6-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/665,852
	Filing Date	September 20, 2000
	First Named Inventor	Gao, Guangping
	Art Unit	1636
	Examiner Name	Marvich, Maria
	Attorney Docket Number	GNVFN.030AUSA
Total Number of Pages in This Submission		7

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Letter
Remarks Change of Correspondence Address to Customer No. 00270		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	HOWSON AND HOWSON	
Signature	<i>Cathy A. Kodroff</i>	
Printed name	Cathy A. Kodroff	
Date	4-14-05	Reg. No. 33,980

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	<i>Robert J. Buminick</i>
Typed or printed name	Robert J. Buminick
Date	4-14-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.